



ENROLLMENT FORM
CodeRED Data Collection

For Staff Use Only

Received: _____

Processed: _____

Initials: _____

***Required fields**

***First Name**

***Last Name**

***Is this a business?** ☐ Yes ☐ No

***If yes, what is the Business name?**

***Address**

(Physical Only, no P.O. boxes)

***City**

***State**

***Zip**

***Is this address**

☐ Permanent OR ☐ Temporary

*** If temporary, how long:** ☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year

Email Address

***Primary Phone**

Alternate Phone

*Example: 3866760294

Check if Primary phone is a cell phone? ☐

Primary cell provider:

Check if Alternate phone is a cell phone? ☐

Alternate cell provider:

**Registered recipients of text messages may incur a cost based on their carrier agreement.*

The number that will be dialing you is 866-419-5000. Please add this to your phone as a CodeRED call.

For Primary phone with a hearing impaired TDD/TTY device check this box: ☐

For Alternate phone with a hearing impaired TDD/TTY device check this box: ☐

ALTERNATE PHONE NUMBER --- Entering an alternate phone number will cause BOTH the primary and alternate phone numbers to be contacted in the event a call goes out for the address specified.

Do you want to receive weather warnings? ☐ Yes ☐ No

If yes: (check all that you want to receive) ☐ Severe Weather ☐ Tornado ☐ Flash Flood

Please return this form to:

Moultonborough Fire & Emergency Services
Attention: Chief David Bengtson
PO Box 446
Moultonborough, NH 03254

To Register Online or for more FAQ's please go to www.moultonboroughnh.gov and click on the CodeRED Logo.